TRICARE PRIME REMOTE

CARING FOR OUR SOLDIERS' HEALTH

TRICARE Prime Remote
Purpose

- Provide easier access to civilian health care for remotely assigned Active Duty Service Members (ADSMs)
  - Reduces problems and separation from family
  - Assists Unit Commanders by keeping ADSMs on the job
  - Continues to ensure fitness for duty

Definitions

- PCM - Primary Care Manager
  - an individual that is part of the TRICARE Prime network, responsible for providing primary health care services and coordinating specialty care.
- HCF - Health Care Finder
  - an individual in a TRICARE Service Center who helps make appointments with providers, and assists in payment processing.

Definitions

- TSC - TRICARE Service Center
  - a customer service center for medical health system beneficiaries, operated by the regional TRICARE Managed Care Support Contractor (MCSC). Each TSC has Health Care Finders.
- SPOC - Service Point of Contact
  - Service-specific Medical Representative Stationed at MMSO (Great Lakes) to Review Specialty/Dental Care Requests and Make a “Fitness for Duty” Determination.

Definitions

- MMSO - Military Medical Support Office
  - Joint Medical Office (Army, Navy, Air Force and Coast Guard) at Great Lakes, IL focused on support to active duty service members.
- TMA - TRICARE Management Activity
  - Field Operating Agency of the Office of the Assistant Secretary of Defense (Health Affairs) that manages the TRICARE program on a daily basis.

Eligibility

- Active Duty Service Members (ADSMs)
  - Includes Reservists or National Guard Members on orders for Active Duty greater than 30 days
    - Must reside more than 50 miles(*) from the nearest MTF, and
    - Must work more than 50 miles(*) from the nearest MTF

Geographic barriers and other circumstances may justify
"remote" designations that are less than 50 miles from an M

Eligibility
Distance Waivers

- Unit Commanders May Request Waivers to Establish Eligibility for TRICARE Prime Remote (TPR) to Regional Lead Agent
- Lead Agent Requests Support from TMA
- TMA Approves/Disapproves
- Lead Agent Notifies Unit Commander of Decision

Eligibility
Am I Eligible?

- Two Ways to Check
  - Check TRICARE Prime Remote Web Site "http://www.tricare.osd.mil/remote/" Provides Eligibility Information Based on Work and Home Zip Codes
  - Call Toll-Free Beneficiary Information Line for Local Region

Enrollment

- Complete Regional Enrollment Form
  - Available from Unit or Calling Contractor's Toll-Free Number
- Mail to Regional Address Provided by the Contractor

Getting Care

- Selecting A Provider…Two Options:
  - 1. Choose a Primary Care Manager (PCM) from the Network (if available)
  - 2. If No Network Providers, Select Any TRICARE-Authorized Provider from the Community
    - Must be A Primary Care Provider
    - Examples Include: Family Practice, Internal Medicine, General Practice or OB/GYN

Types of Providers

- TRICARE Network Providers
- Participating TRICARE Providers
- Non-participating TRICARE Providers
- Non-authorized TRICARE Providers

Finding a TRICARE Authorized Provider

- Visit the TRICARE Web Site at http://www.tricare.osd.mil/ProviderDirectory/
- Call the MCSC for assistance
- Ask the provider when you call to make an appointment - “Are you an authorized TRICARE provider?”

Getting Care
Emergency Care

- Call 911 or Go to Nearest ER
- After Receiving Care, Call
  - Your Primary Care Provider, or
  - The Health Care Finder, or
  - The Military Medical Support Office (MMSO)
- Assistance will be provide to transfer you to a Military Hospital and process your claim.

Primary Care Services

- See your PCM or Primary Care Providers
- Prior-authorization is Not Required for Primary Care Services

Primary Care Services
Examples

- Routine health services (sick call)
- Laboratory tests
- X-rays
- Immunizations
- Hearing tests/routine eye exams
- Breast Exams and mammography
- Pap Smears
- Prostate/early Cancer diagnosis exams

Specialty Care

- Pre-authorization is Required for All Specialty Care
- Your PCM (or You) Must Call the Health Care Finder (HCF) for Pre-authorization
  - The HCF Will Check with MMSO to Ensure This Care Does Not Require A “Fitness for Duty” Evaluation by A Military Provider
  - You Will Receive Approval for Civilian Care or Referral to a Military Facility in 2 Working Days (sooner if urgent)

Pre-Authorization
Requirements

- Specialty Care
- Routine maternity care
- Physical therapy
- Mental Health services
- Family Counseling
- Smoking cessation programs All of the above require Pre-authorization!

Specialty Care
Reminder

- Unit Commanders May Request/Direct A Military Medical Evaluation for "Fitness for Duty" Determination
- Unit Commanders May Direct Care to a Local Source (or VA Hospital/Clinic)
- Service Members May Also Request Care from a Military Facility (with approval of commander) although Care is Available Locally

Getting Medications
Prescription Drugs

- Four Options:
  - National Mail Order Pharmacy (NMOP)
  - Network Pharmacy
  - Military Treatment Facility
  - Local Pharmacy

Getting Medications
National Mail Order Pharmacy

- Prescriptions Sent To Your Home
- Ideal for Chronic Condition Prescriptions
- No Cost to Active Duty Service Members
- Additional information: http://www.tricare.osd.mil/nmopp.html

Getting Medications
Network Pharmacy

- Pharmacies in Regional Network
- Pharmacy Files Claim on Your Behalf
  - No up-front payment required
- To Identify Network Pharmacies
  - Check Your Provider Directory
  - Call the Regional Beneficiary Info Line

Getting Medications
Military Treatment Facility

- Service Members May Use Any Military Hospital or Clinic
- Practical If Distance Not a Factor
- Call Ahead to Ensure MTF Carries the Drug Prescribed For You

Getting Medications at a *Local (Non-Network) Pharmacy*

- Option of Last Resort
- Use ONLY if a Network Pharmacy is Not Available
- Service Member May Have to Pay for Drug at Time It is Dispensed
  - If So, Service Member Needs to File Claim Form for Reimbursement

Health Care While Traveling

- Emergent and Urgent Health Care Is Covered while…
  - TDY/TAD
  - On Leave
  - Traveling to a new assignment
- Routine Care Should Wait Until You Return to (or Arrive at) Your Duty Station

Health Care While Traveling

- If an Emergency…Get Medical Care
  - But Call back to Your PCM or Health Care Finder Following Emergency Care
- If Urgent (but not an Emergency)
  - Call the Health Care Finder for Assistance
  - Or You Can Call the MMSO (1-888-MHS-MMSO)

Filing Medical Claims

- Network and Participating Providers Will File Claims on Your Behalf
- For Non-Participating Providers, ADSMs May Have to File Claim
  - But…ADSMs Will be FULLY Reimbursed for Any Out-of-Pocket Costs for Authorized Care

Filing Medical Claims

- When Filing Medical Claims on Your Own, You Must Have the Following Documents:
  - Completed DD Form 2642 (CHAMPUS Claim Form) (available on TRICARE web site)
  - Itemized medical bill
  - Proof of Payment

Filing Medical Claims

- All Claims (Regardless of Who Files the Claim) will Generate an “Explanation of Benefits (EOB)” to the Service Member
- Information on the EOB Includes:
  - Amount of Billed Charges
  - CMAC (CHAMPUS Maximum Allowable Charge)
  - Amount Paid to the Provider or reimbursed to the ADSM

Getting Dental Care

- Pre-authorization Not Required for Routine Dental Care
  - Exams
  - X-rays
  - Cleanings
  - Temporary or Permanent Fillings
  - Extractions
- Pre-authorization Not Required for Treatment under $500

Getting Dental Care

- Yearly maximum before pre-authorization is needed: $1500
- Extensive services require pre-authorization by SPOC at MMSO
- Extensive services may be referred to the MTF

Getting Dental Care

- Examples: crowns, bridges, implants, surgery, temporomandibular joint dysfunction (TMJ)

- Orthodontic services are NOT covered unless approved by a military orthodontist

Dental Claims

- Dental Claims Are Sent to Different Address Than Medical Claims
- Dentists Should File Claim with MMSO

Military Medical Support Office (MMSO)

Attn: Dental Claims

PO Box 886999

Great Lakes, IL 60088-6999

Dental Claims

- In some cases, ADSM *may* have to file claim (and pay for dental care)
- Procedures:
  - Complete SF 1164 (available on our web page)
  - Attach to itemized bill
  - Send both to MMSO Dental Address
- Dental Questions?
  - Contact MMSO (1-888-MHS-MMSO)

Appeals

- All ADSMs Have the Right to Appeal a Decision of Non-Coverage
- If Request for Specialty Care is Denied, the Contractor will:
  - Notify the ADSM in Writing
  - Provide Instructions on Where to Appeal a Decision

Appeals

- All Appeals (1st Review) Will Go to the Service Point of Contact (SPOC) at the MMSO in Great Lakes, IL
- If the 1st Appeal is Again Denied, the ADSM May Request Reconsideration (2nd Review) from their Service Surgeon General or Senior Medical Officer

SPOC Locations

- Army, Navy, Air Force, Marine Corps SPOC representatives are located at the Military Medical Support Office (MMSO) PO Box 886999, Great Lakes Naval Station, IL 60088-6999

ADSM Costs

- Active Duty Service Members Have no Cost-Shares (Deductibles or Copayments) for Authorized Civilian Medical Care

ADSM Responsibilities

- Enroll in TRICARE Prime Remote
- Ensure Your DEERS Information is Up-To-Date
- Use your PCM or Other Primary Care Provider for Routine Health Care Needs

ADSM Responsibilities

- Seek Specialty Care Only When Referred by Your PCM
  - If You Do Not Have a PCM, Contact the HCF Prior to Obtaining Specialty Care
  - Notify the HCF if You Are Admitted to a Hospital
- Visit Your Dentist Annually and Submit Dental Claims to MMSO

TRICARE PRIME REMOTE

E-mail TRICARE Prime Remote Problems To:

TRICARE_HELP@OTSG.AMEDD.ARMY.MIL

TRICARE Prime Remote Help Line:

Call 1-888-647-6676

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Additional questions can be e-mailed to 1AHEALTH@gillem-emh1.army.mil